

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-009202

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2212

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis City		Length of stay in 1b 12 weeks	c. CITY OR TOWN University City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION De Paul Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 743 N. McKnight Rd.
3. NAME OF DECEASED (Type or print) Charles		4. DATE OF DEATH Month Feb. Day 25 Year 1963	
5. SEX Male	6. COLOR OR RACE W.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-14-1895
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) civil engineer		10b. KIND OF BUSINESS OR INDUSTRY Allis-Chalmers	9. AGE (last birthday) 67
11. BIRTHPLACE (City and state or country) New Haven, Conn.		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME John Phillips		13b. MOTHER'S MAIDEN NAME Margaret Hopkins	
14. NAME OF HUSBAND OR WIFE Edna McGraw Phillips		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address Miss Marilyn Phillips, 743 N. McKnight	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Tongue + Bladder		INTERVAL BETWEEN ONSET AND DEATH 1 yr.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 199.2		DUE TO (c) 199.2	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma of Left Palate 4 yrs. ago - no extension		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour [REDACTED] Month, Day, Year [REDACTED]	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY [REDACTED] STATE [REDACTED]	
21. I attended the deceased from 6/20/62 to 2/25/63 and last saw him alive on 2/25/63 Death occurred at 8 40 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) George C. Carroll M.D.	
22b. ADDRESS 607 N. Grand		22c. DATE SIGNED 2/26/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 28, 1962	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) St. Louis, Mo.
24. FUNERAL DIRECTOR Arthur J. Donnelly		25. DATE RECD. BY LOCAL REG. FEB 27 1963	26. REGISTRAR'S SIGNATURE Loan Smith M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF DOCUMENT

DATE AMENDED

VS 300
Rev. 4/59

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Dr. George Correll
Univ. Club Bldg.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Troneer Williamson

Licensed Embalmer No.

3565

P. O. Address

3840 Lindell

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.